

St. Andrew Vacation Camp Registration Form 2018

One form per camper

Monday, February 19th 9 a.m.- 2 p.m.

Name _____ Date of Birth _____ Current Grade _____

Mailing Address _____

Town/ST/Zip _____

Email _____

Ages- 3 years (with preschool experience) to 5th grade. Cost \$30 if registered by February 5th \$35 after this date. \$25 for 2nd, 3rd and 4th child if registered by February 5th. Snacks will be provided. Please remember to bring bag lunch!

Parent's Name(s) _____ Home Phone _____

Cell Phone _____

Emergency Contact (*during camp hours*) _____ Ph# _____

My child is ALLERGIC/ ACTIVITY limitation _____

People Authorized to pick your child:

Name _____

Name _____

Name _____

If I, or my emergency contact person are unreachable by phone, I authorize counselors and staff from St. Andrew Lutheran Church to seek emergency medical attention for my child named above, should the need arise.

Parent/Guardian's Signature _____

St. Andrew Vacation Camp

P.O. Box 1259

Tel. # 322-0088

Charlestown, RI 02813

Photo Release

Please sign the appropriate statement to either Grant **OR** Refuse permission to use pictures of your children on the church website and/or for other church publicity. Please return this form to the church office.

I, _____ (Please print your name) **GRANT permission** for St. Andrew Lutheran Church to publish photos of my child(ren). _____ [Sign Here]

OR

I, _____ [Please print your name] **DO NOT grant permission** for St. Andrew Lutheran Church to publish photos of my child(ren). _____ [Sign Here]
